

## Section 5 - TOPICAL MODULES

### Part A - WORK SCHEDULE

**CHECK  
ITEM T1**

Is "Worked" (code 170)  
marked on the ISS?

8000

- 1 ☐ Yes - Read Statement C  
2 ☐ No - SKIP to Check Item T2, page 56

**STATEMENT C**

**You said . . . worked during** (Read reference period months). **These next few questions ask about . . . 's work schedule during a typical week that . . . worked during that 4-month period.**

**1a. How many employers did . . . work for during a typical week?**

8002

- 1 ☐ 1  
2 ☐ 2  
3 ☐ 3 +

(Count self-employed as one employer.)

If two or more employers, ask items 1b-h for the first job, then repeat for the second job.

JOB 1

JOB 2

**b. How many hours per day did . . . work that week?**

8004

Hours

8006

Hours

**c. How many days did . . . work during that week?**

8008

Days

8010

Days

**d. Which days of the week were these?**

Mark (X) all that apply.

8012

1 ☐ Monday through Friday

8016

2 ☐ Sunday

8020

3 ☐ Monday

8024

4 ☐ Tuesday

8028

5 ☐ Wednesday

8032

6 ☐ Thursday

8036

7 ☐ Friday

8040

8 ☐ Saturday

8044

xs ☐ All seven days

8014

1 ☐ Monday through Friday

8018

2 ☐ Sunday

8022

3 ☐ Monday

8026

4 ☐ Tuesday

8030

5 ☐ Wednesday

8034

6 ☐ Thursday

8038

7 ☐ Friday

8042

8 ☐ Saturday

8046

xs ☐ All seven days

**e. During that week, at what time of day did . . . begin work most days?**

8048

:  { 1 ☐ a.m.  
2 ☐ p.m.  
(Time)

8050

8052

:  { 1 ☐ a.m.  
2 ☐ p.m.  
(Time)

8054

**f. At what time of day did . . . end work most days?**

8056

:  { 1 ☐ a.m.  
2 ☐ p.m.  
(Time)

8058

8060

:  { 1 ☐ a.m.  
2 ☐ p.m.  
(Time)

8062

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TOPICAL MODULES

## Section 5 – TOPICAL MODULES (Continued)

### Part A – WORK SCHEDULE (Continued)

	JOB 1	JOB 2
<p><b>1g. Which of the following best describes . . . 's work schedule at this job?</b> (SHOW FLASHCARD KK) Mark (X) only one.</p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8064</div> <p>1 <input type="checkbox"/> Regular daytime schedule</p> <p>2 <input type="checkbox"/> Regular evening shift</p> <p>3 <input type="checkbox"/> Regular night shift</p> <p>4 <input type="checkbox"/> Rotating shift (one that changes regularly from days to evenings or nights)</p> <p>5 <input type="checkbox"/> Split shift (one consisting of two distinct periods each day)</p> <p>6 <input type="checkbox"/> Irregular schedule (one that changes from day to day)</p> <p>7 <input type="checkbox"/> Other – Specify _____</p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8066</div> <p>1 <input type="checkbox"/> Regular daytime schedule</p> <p>2 <input type="checkbox"/> Regular evening shift</p> <p>3 <input type="checkbox"/> Regular night shift</p> <p>4 <input type="checkbox"/> Rotating shift (one that changes regularly from days to evenings or nights)</p> <p>5 <input type="checkbox"/> Split shift (one consisting of two distinct periods each day)</p> <p>6 <input type="checkbox"/> Irregular schedule (one that changes from day to day)</p> <p>7 <input type="checkbox"/> Other – Specify _____</p>
<p><b>h. What is the MAIN reason . . . works</b> (Read shift description marked in item 1g)? Mark (X) only one.</p>	<p style="text-align: center;">VOLUNTARY REASONS</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8068</div> <p>1 <input type="checkbox"/> Better child care arrangements</p> <p>2 <input type="checkbox"/> Better pay</p> <p>3 <input type="checkbox"/> Better arrangements for care of other family members</p> <p>4 <input type="checkbox"/> Allows time for school</p> <p>5 <input type="checkbox"/> Other voluntary reasons</p> <p style="text-align: center;">INVOLUNTARY REASONS</p> <p>6 <input type="checkbox"/> Could not get any other job</p> <p>7 <input type="checkbox"/> Requirement of the job</p> <p>8 <input type="checkbox"/> Other involuntary reasons</p>	<p style="text-align: center;">VOLUNTARY REASONS</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8070</div> <p>1 <input type="checkbox"/> Better child care arrangements</p> <p>2 <input type="checkbox"/> Better pay</p> <p>3 <input type="checkbox"/> Better arrangements for care of other family members</p> <p>4 <input type="checkbox"/> Allows time for school</p> <p>5 <input type="checkbox"/> Other voluntary reasons</p> <p style="text-align: center;">INVOLUNTARY REASONS</p> <p>6 <input type="checkbox"/> Could not get any other job</p> <p>7 <input type="checkbox"/> Requirement of the job</p> <p>8 <input type="checkbox"/> Other involuntary reasons</p>
<p><b>CHECK ITEM T1.1</b> Refer to item 1a. Is there another job to ask about? (Is box 2 or 3 marked?)</p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8072</div> <p>1 <input type="checkbox"/> Yes – ASK items 1b through 1h for next job</p> <p>2 <input type="checkbox"/> No – Go to Check Item T2, page 56</p>	<p style="text-align: center;">Go to Check Item T2, page 56</p>

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## Section 5 – TOPICAL MODULES (Continued)

### Part B – CHILD CARE

<b>CHECK ITEM T2</b>	<i>Refer to cc items 27 and 24.</i> Is . . . the designated parent or guardian of children under 15 years of age who live in this household?	8100	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T12, page 62</i>
<b>CHECK ITEM T2.1</b>	<i>Refer to cc items 27 and 24.</i> Are any of the children 3 or 4 years of age?	8101	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T3</i>
	<b>1a. We have recorded that you have children aged 3 and/or 4.</b> <b>Last month, did any of these children regularly attend an organized preschool or nursery school?</b>	8102	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T3</i>
	<b>b. Was that organized preschool or nursery school a Head Start program?</b>	8103	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T3</i>
	<b>c. How many of your children participated in the Head Start program last month?</b>	8104	_____ Children
<b>CHECK ITEM T3</b>	Is "Worked" (code 170) marked on the ISS?	8105	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T6</i> 2 <input type="checkbox"/> No
<b>CHECK ITEM T4</b>	<i>Refer to item 30a, page 13.</i> Was . . . enrolled in school during the reference period?	8106	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T5</i>
	<b>2a. About how many hours per week did . . . usually spend in school last month?</b>	8107	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Hours</div> </div> <div style="margin-top: 5px;">                         OR                          X1 <input type="checkbox"/> Hours varied                          X2 <input type="checkbox"/> DK                          X3 <input type="checkbox"/> Not enrolled last month                     </div> <div style="font-size: 2em; margin-left: 10px; line-height: 1;">}</div> <div style="margin-left: 10px;"> <i>SKIP to Check Item T6</i> </div>
<b>CHECK ITEM T5</b>	<i>Refer to item 2a, page 2.</i> Did . . . spend any time looking for work or on layoff from a job during the reference period?	8108	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T12, page 62</i>
	<b>2b. About how many hours per week did . . . usually spend looking for a job last month?</b>	8109	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Hours</div> </div> <div style="margin-top: 5px;">                         OR                          X1 <input type="checkbox"/> Hours varied                          X2 <input type="checkbox"/> DK                          X3 <input type="checkbox"/> Did not look for a job last month – <i>SKIP to Check Item T12, page 62</i> </div>
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# Section 5 - TOPICAL MODULES (Continued)

## Part B - CHILD CARE (Continued)

CHECK ITEM T6	Refer to cc items 18, 19, 24, and 27	YOUNGEST		SECOND YOUNGEST		THIRD YOUNGEST		
		Person No.	Age	Person No.	Age	Person No.	Age	
	Beginning with the youngest child enter person numbers, ages, and names of children under 15, who are household members, for whom the person is a parent or guardian.	8114	<input type="text"/>	8116	<input type="text"/>	8118	<input type="text"/>	
		Name		Name		Name		
Ask 3a-5d for the youngest child and then ask 3a-5d for the second and third youngest.								
<p><b>Now we have some questions about how the children in this household were cared for while . . . was working (in school/looking for a job).</b></p> <p><b>3a. During (Last month), what was (Name of child) usually doing or how was (Name of child) usually cared for during most of the hours that . . . worked (was in school/was looking for a job)?</b></p> <p>Mark the arrangement in which the child spent the most hours in a typical week last month.</p> <p>Mark (X) only one box.</p>	8120	<input type="checkbox"/> Child's other parent/stepparent <input type="checkbox"/> Child's brother/sister <input type="checkbox"/> Child's grandparent <input type="checkbox"/> Other relative of child <input type="checkbox"/> Nonrelative of child <input type="checkbox"/> Child in day/group care center <input type="checkbox"/> Child in nursery/preschool <input type="checkbox"/> Child in organized school-based activity (before/after school) <input type="checkbox"/> Child in kindergarten, elementary, or secondary school <input type="checkbox"/> Child cares for self <input type="checkbox"/> . . . works at home <input type="checkbox"/> . . . cares for child at work (in class/while job hunting) <input type="checkbox"/> Child not born and/or . . . not guardian as of last month <input type="checkbox"/> . . . did not work, go to school, or look for job last month	8122	<input type="checkbox"/> Child's other parent/stepparent <input type="checkbox"/> Child's brother/sister <input type="checkbox"/> Child's grandparent <input type="checkbox"/> Other relative of child <input type="checkbox"/> Nonrelative of child <input type="checkbox"/> Child in day/group care center <input type="checkbox"/> Child in nursery/preschool <input type="checkbox"/> Child in organized school-based activity (before/after school) <input type="checkbox"/> Child in kindergarten, elementary, or secondary school <input type="checkbox"/> Child cares for self <input type="checkbox"/> . . . works at home <input type="checkbox"/> . . . cares for child at work (in class/while job hunting) <input type="checkbox"/> Child not born and/or . . . not guardian as of last month	8124	<input type="checkbox"/> Child's other parent/stepparent <input type="checkbox"/> Child's brother/sister <input type="checkbox"/> Child's grandparent <input type="checkbox"/> Other relative of child <input type="checkbox"/> Nonrelative of child <input type="checkbox"/> Child in day/group care center <input type="checkbox"/> Child in nursery/preschool <input type="checkbox"/> Child in organized school-based activity (before/after school) <input type="checkbox"/> Child in kindergarten, elementary, or secondary school <input type="checkbox"/> Child cares for self <input type="checkbox"/> . . . works at home <input type="checkbox"/> . . . cares for child at work (in class/while job hunting) <input type="checkbox"/> Child not born and/or . . . not guardian as of last month	SKIP to next child or Ck. Item T12, Pg. 62 SKIP to T12 page 62	
	8126	<input type="checkbox"/> Child's home <input type="checkbox"/> Other private home <input type="checkbox"/> Other place	8128	<input type="checkbox"/> Child's home <input type="checkbox"/> Other private home <input type="checkbox"/> Other place	8130	<input type="checkbox"/> Child's home <input type="checkbox"/> Other private home <input type="checkbox"/> Other place		
	CHECK ITEM T7	Is box 3-8 marked in item 3a?	8132	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 3f, page 58	8134	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 3f, page 58	8136	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 3f, page 58
	3c. Was any money payment usually made for this arrangement?		8138	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 3f, page 58	8140	<input type="checkbox"/> Yes - SKIP to 3d <input type="checkbox"/> No - SKIP to 3f, page 58	8142	<input type="checkbox"/> Yes - SKIP to 3d <input type="checkbox"/> No - SKIP to 3f, page 58
	CHECK ITEM T8	Are there 2 or more children listed in Check Item T6?	8144	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 3e				
	ASK OR VERIFY -		8146	<input type="checkbox"/> Payment for youngest child separately <input type="checkbox"/> Includes another child	8148	<input type="checkbox"/> Payment for second youngest child separately <input type="checkbox"/> Includes another child	8150	<input type="checkbox"/> Payment for third youngest child separately <input type="checkbox"/> Includes another child
	ASK OR VERIFY -		8152	<input type="text"/> \$ <input type="text"/> . <input type="text"/> 00 Per week <input type="checkbox"/> DK	8154	<input type="text"/> \$ <input type="text"/> . <input type="text"/> 00 Per week <input type="checkbox"/> DK Previously recorded for - <input type="checkbox"/> Youngest child	8156	<input type="text"/> \$ <input type="text"/> . <input type="text"/> 00 Per week <input type="checkbox"/> DK Previously recorded for - <input type="checkbox"/> Youngest child <input type="checkbox"/> Second youngest
	3d. Does . . . (or . . . 's family) pay for (Name of child's) child care separately, or does the payment for the care you just described also cover another one of your children?							
	3e. In a typical week, how much did . . . (or . . . 's family) usually pay in this arrangement for (Name of child)? (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark code X2 or X3 as applicable.)							

# Section 5 - TOPICAL MODULES (Continued)

## Part B - CHILD CARE (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
<b>3f. About how many hours per week was (Name of child) usually cared for in the arrangement while ... worked (was in school/was looking for a job) last month?</b>	8158 <input type="text"/> <input type="text"/> Hours	8160 <input type="text"/> <input type="text"/> Hours	8162 <input type="text"/> <input type="text"/> Hours
<b>g. Was any other arrangement usually used for (Name of child) in a typical week last month?</b>	8164 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T11	8166 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T11	8168 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T11
<b>4a. What did (Name of child) do or how was (Name of child) cared for during most of the other hours that ... worked (was in school/ was looking for a job)?</b>  <i>Mark the arrangement in which the child spent the second most hours in a typical week.</i>  <i>Mark (X) only one box.</i>	8170 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/ group care center 7 <input type="checkbox"/> Child in nursery/ preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/ after school) 9 <input type="checkbox"/> Child in kindergarten, elementary, or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> ... works at home 12 <input type="checkbox"/> ... cares for child at work (in class/while job hunting) <i>SKIP to Check Item T9</i>	8172 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/ group care center 7 <input type="checkbox"/> Child in nursery/ preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/ after school) 9 <input type="checkbox"/> Child in kindergarten, elementary, or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> ... works at home 12 <input type="checkbox"/> ... cares for child at work (in class/while job hunting) <i>SKIP to Check Item T9</i>	8174 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/ group care center 7 <input type="checkbox"/> Child in nursery/ preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/ after school) 9 <input type="checkbox"/> Child in kindergarten, elementary, or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> ... works at home 12 <input type="checkbox"/> ... cares for child at work (in class/while job hunting) <i>SKIP to Check Item T9</i>
<b>b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?</b>	8176 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	8178 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	8180 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place
<b>CHECK ITEM T9</b> Is box 3-8 marked in item 4a?	8182 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 4f	8184 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 4f	8186 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 4f
<b>4c. Was any money payment usually made for this arrangement?</b>	8188 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 4f	8190 1 <input type="checkbox"/> Yes - SKIP to 4d 2 <input type="checkbox"/> No - SKIP to 4f	8192 1 <input type="checkbox"/> Yes - SKIP to 4d 2 <input type="checkbox"/> No - SKIP to 4f
<b>CHECK ITEM T10</b> Are there 2 or more children listed in Check Item T6?	8194 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 4e		
<b>4d. Does ... (or ...'s family) pay for (Name of child)'s child care separately, or does the payment for the care you just described also cover another one of your children?</b>  <i>ASK OR VERIFY -</i>	8196 1 <input type="checkbox"/> Payment for youngest child separately 2 <input type="checkbox"/> Includes another child	8198 1 <input type="checkbox"/> Payment for second youngest child separately 2 <input type="checkbox"/> Includes another child	8200 1 <input type="checkbox"/> Payment for third youngest child separately 2 <input type="checkbox"/> Includes another child
<b>e. In a typical week, how much did ... (or ...'s family) usually pay in this arrangement for (Name of child)? (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark code X2 or X3 as applicable.)</b>  <i>ASK OR VERIFY -</i>	8202 \$ <input type="text"/> <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK	8204 \$ <input type="text"/> <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for - x2 <input type="checkbox"/> Youngest child	8206 \$ <input type="text"/> <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for - x2 <input type="checkbox"/> Youngest child x3 <input type="checkbox"/> Second youngest
<b>f. About how many hours per week was (Name of child) usually cared for in the arrangement while ... worked (was in school/ was looking for a job)?</b>	8208 <input type="text"/> <input type="text"/> Hours	8210 <input type="text"/> <input type="text"/> Hours	8212 <input type="text"/> <input type="text"/> Hours



# Section 5 – TOPICAL MODULES (Continued)

## Part B – CHILD CARE (Continued)

CHECK ITEM T11	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Refer to Check Item T6. Is (Name of child) less than 5 years old?	<b>8214</b> 1 <input type="checkbox"/> Less than 5 years old 2 <input type="checkbox"/> 5 or more years old – SKIP to 5b	<b>8216</b> 1 <input type="checkbox"/> Less than 5 years old 2 <input type="checkbox"/> 5 or more years old – SKIP to 5b	<b>8218</b> 1 <input type="checkbox"/> Less than 5 years old 2 <input type="checkbox"/> 5 or more years old – SKIP to 5b
<b>5a. During the past 12 months, did ... make any changes in the arrangements used for (Name of child) for 1 week or more during the time ... was working (at school/looking for a job)?</b> <i>Consider only changes that lasted for 1 week or more. If ... stopped working (attending school/looking for a job) when the child's schools were closed, then NO change should be recorded. Mark (X) box 3.</i>	<b>8220</b> 1 <input type="checkbox"/> Yes – SKIP to 5c 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11.1, page 60 3 <input type="checkbox"/> Stopped working (attending school/ looking for work) when arrangement ended – SKIP to next child or Check Item T11.1, page 60	<b>8222</b> 1 <input type="checkbox"/> Yes – SKIP to 5c 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11.1, page 60 3 <input type="checkbox"/> Stopped working (attending school/ looking for work) when arrangement ended – SKIP to next child or Check Item T11.1, page 60	<b>8224</b> 1 <input type="checkbox"/> Yes – SKIP to 5c 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11.1, page 60 3 <input type="checkbox"/> Stopped working (attending school/ looking for work) when arrangement ended – SKIP to next child or Check Item T11.1, page 60
<b>b. During the past 12 months, did ... make any changes in the arrangements used for (Name of child) during the time ... was working (at school/looking for a job)? Consider only changes that lasted for 1 week or more, including changes over the summer or between (Name of child's) school terms. Do not count changes in teachers or schools as a change of arrangement. If ... stopped working (attending school/looking for a job) when the child's schools were closed, then NO change should be recorded. Mark (X) box 3.</b>	<b>8226</b> 1 <input type="checkbox"/> Yes – SKIP to 5c 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11.1, page 60 3 <input type="checkbox"/> Stopped working (attending school/ looking for work) when arrangement ended – SKIP to next child or Check Item T11.1, page 60	<b>8228</b> 1 <input type="checkbox"/> Yes – SKIP to 5c 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11.1, page 60 3 <input type="checkbox"/> Stopped working (attending school/ looking for work) when arrangement ended – SKIP to next child or Check Item T11.1, page 60	<b>8230</b> 1 <input type="checkbox"/> Yes – SKIP to 5c 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11.1, page 60 3 <input type="checkbox"/> Stopped working (attending school/ looking for work) when arrangement ended – SKIP to next child or Check Item T11.1, page 60
<b>c. Excluding any time spent in kindergarten or grade school, how many different arrangements did (Name of child) use in the last 12 months?</b> <i>Include only arrangements lasting for 1 week or more. Do not count different school grades or terms as a different arrangement.</i>	<b>8232</b> <input type="text"/> Arrangements	<b>8234</b> <input type="text"/> Arrangements	<b>8236</b> <input type="text"/> Arrangements
<b>d. For what reason(s) did the child care arrangements change?</b> <i>Mark (X) all that apply.</i>	<b>8238</b> 1 <input type="checkbox"/> Beginning/ending/ changes in child's school enrollment <b>8244</b> 2 <input type="checkbox"/> Beginning/ending/ changes in ...'s job <b>8250</b> 3 <input type="checkbox"/> Beginning/ending/ changes in ...'s school enrollment <b>8256</b> 4 <input type="checkbox"/> Cost <b>8262</b> 5 <input type="checkbox"/> Availability or hours of care provider <b>8268</b> 6 <input type="checkbox"/> Reliability of care provider <b>8274</b> 7 <input type="checkbox"/> Quality of care provided <b>8280</b> 8 <input type="checkbox"/> Location or accessability to care provider <b>8286</b> 9 <input type="checkbox"/> Found better/less expensive/more convenient provider <b>8292</b> 10 <input type="checkbox"/> Never had any regular arrangement <b>8298</b> 11 <input type="checkbox"/> Child outgrew arrangement <b>8304</b> 12 <input type="checkbox"/> No longer eligible for assistance <b>8310</b> 13 <input type="checkbox"/> Arrangement no longer available <b>8316</b> 14 <input type="checkbox"/> Other – Specify <input type="checkbox"/>	<b>8240</b> 1 <input type="checkbox"/> Beginning/ending/ changes in child's school enrollment <b>8246</b> 2 <input type="checkbox"/> Beginning/ending/ changes in ...'s job <b>8252</b> 3 <input type="checkbox"/> Beginning/ending/ changes in ...'s school enrollment <b>8258</b> 4 <input type="checkbox"/> Cost <b>8264</b> 5 <input type="checkbox"/> Availability or hours of care provider <b>8270</b> 6 <input type="checkbox"/> Reliability of care provider <b>8276</b> 7 <input type="checkbox"/> Quality of care provided <b>8282</b> 8 <input type="checkbox"/> Location or accessability to care provider <b>8288</b> 9 <input type="checkbox"/> Found better/less expensive/more convenient provider <b>8294</b> 10 <input type="checkbox"/> Never had any regular arrangement <b>8300</b> 11 <input type="checkbox"/> Child outgrew arrangement <b>8306</b> 12 <input type="checkbox"/> No longer eligible for assistance <b>8312</b> 13 <input type="checkbox"/> Arrangement no longer available <b>8318</b> 14 <input type="checkbox"/> Other – Specify <input type="checkbox"/>	<b>8242</b> 1 <input type="checkbox"/> Beginning/ending/ changes in child's school enrollment <b>8248</b> 2 <input type="checkbox"/> Beginning/ending/ changes in ...'s job <b>8254</b> 3 <input type="checkbox"/> Beginning/ending/ changes in ...'s school enrollment <b>8260</b> 4 <input type="checkbox"/> Cost <b>8266</b> 5 <input type="checkbox"/> Availability or hours of care provider <b>8272</b> 6 <input type="checkbox"/> Reliability of care provider <b>8278</b> 7 <input type="checkbox"/> Quality of care provided <b>8284</b> 8 <input type="checkbox"/> Location or accessability to care provider <b>8290</b> 9 <input type="checkbox"/> Found better/less expensive/more convenient provider <b>8296</b> 10 <input type="checkbox"/> Never had any regular arrangement <b>8302</b> 11 <input type="checkbox"/> Child outgrew arrangement <b>8308</b> 12 <input type="checkbox"/> No longer eligible for assistance <b>8314</b> 13 <input type="checkbox"/> Arrangement no longer available <b>8320</b> 14 <input type="checkbox"/> Other – Specify <input type="checkbox"/>
	SKIP to next child or Check Item T11.1, page 60	SKIP to next child or Check Item T11.1, page 60	Go to Check Item T11.1, page 60

## Section 5 – TOPICAL MODULES (Continued)

### Part B – CHILD CARE (Continued)

**CHECK  
ITEM T11.1**

Refer to cc items 27 and 24.

8322

- 1 ☐ Yes  
2 ☐ No – SKIP to 6b

Is . . . the designated parent or guardian of 4 or more children under 15 years of age who live in this household?

**6a. Considering all of . . . 's children under 15 in the household, even those not previously mentioned, how much did . . . (or . . . 's family) pay for child care for all of . . . 's children for all arrangements used in a typical week last month?**

(Exclude the cost of school tuition for kindergarten, elementary, or secondary school.)

8324

\$  .  00 Per week

- x2 ☐ All costs already recorded for the three youngest children

**b. Thinking now only about the arrangements used in (Last month), were any changes made in the child care arrangements used for any of your children at that time, even for less than a day, because your usual child care provider was not available?**

(Include both unexpected and anticipated losses of child care providers such as school closings and temporary illness of the provider, even for part of the day.)

8326

- 1 ☐ Yes  
2 ☐ No – SKIP to Check Item T12, page 62

**c. When these changes in arrangements occurred (Last month) did . . . (or . . . 's spouse) lose any time from work (school/job hunting), even for part of the day?**

8328

- 1 ☐ Yes, respondent lost time  
2 ☐ Yes, spouse lost time  
3 ☐ Both, respondent and spouse lost time  
4 ☐ No  
x1 ☐ DK

NOTES

NOTES



## Section 5 – TOPICAL MODULES (Continued)

### Part C – CHILD SUPPORT AGREEMENTS

**CHECK  
ITEM T12**
*Refer to cc items 24 and 25.*

 Is . . . the parent of children under 21  
years of age who live in this household?

8400

 1 ☐ Yes

 2 ☐ No – SKIP to part D, page 69

**1a. Does . . . have any children of . . . 's own in this household under 21 years of age who have a parent living elsewhere?**

(Do not include adoptive or biological parents who would be living at home except for military or other job related absences.)

8401

 1 ☐ Yes

 2 ☐ No – SKIP to part D, page 69

**b. How many of . . . 's own children living here have a parent living elsewhere?**

(Do not include adoptive or biological parents who would be living at home except for military or other job related absences.)

8402

Children

**c. Which of . . . 's children are those?**

(Record person number and name of children in column 1C, below.)

(List children by age, youngest first.)

1C		1D/1K	1H/1J	1I
Children under 21 with parent living elsewhere		Children with NO SUPPORT agreement	Children covered, MOST RECENT agreement	Children covered, ALL OTHER agreements
Person No.	Name			
8403 <input type="text"/>	<input type="text"/>	8404 1 <input type="checkbox"/> Yes	8405 1 <input type="checkbox"/> Yes	8406 1 <input type="checkbox"/> Yes
8407 <input type="text"/>	<input type="text"/>	8408 1 <input type="checkbox"/> Yes	8409 1 <input type="checkbox"/> Yes	8410 1 <input type="checkbox"/> Yes
8411 <input type="text"/>	<input type="text"/>	8412 1 <input type="checkbox"/> Yes	8413 1 <input type="checkbox"/> Yes	8414 1 <input type="checkbox"/> Yes
8415 <input type="text"/>	<input type="text"/>	8416 1 <input type="checkbox"/> Yes	8417 1 <input type="checkbox"/> Yes	8418 1 <input type="checkbox"/> Yes
8419 <input type="text"/>	<input type="text"/>	8420 1 <input type="checkbox"/> Yes	8421 1 <input type="checkbox"/> Yes	8422 1 <input type="checkbox"/> Yes
8423 <input type="text"/>	<input type="text"/>	8424 1 <input type="checkbox"/> Yes	8425 1 <input type="checkbox"/> Yes	8426 1 <input type="checkbox"/> Yes
8427 <input type="text"/>	<input type="text"/>	8428 1 <input type="checkbox"/> Yes	8429 1 <input type="checkbox"/> Yes	8430 1 <input type="checkbox"/> Yes
8431 <input type="text"/>	<input type="text"/>	8432 1 <input type="checkbox"/> Yes	8433 1 <input type="checkbox"/> Yes	8434 1 <input type="checkbox"/> Yes

**1d. These next few questions concern child support.**

Child support payments can be specified in written or verbal child support agreements. Have child support payments ever been agreed to or awarded for (any of) . . . 's children that we have just listed?

8435

 1 ☐ Yes

 2 ☐ No – For each child listed in column 1C, mark the "Yes" box in column 1D/1K and SKIP to 5a, page 67

**e. For how many children?**

8436

Children

**CHECK  
ITEM T13**
*Refer to 1e above.*

Is "One" entered?

8437

 1 ☐ Yes – SKIP to 1j

 2 ☐ No

**1f. Are . . . 's children that we have just listed covered by different child support agreements. (By that, we mean separate agreements involving different absent parents)?**

8438

 1 ☐ Yes

 2 ☐ No – SKIP to 1j

**g. How many different child support agreements cover these children?**

8439

Number of agreements

**h. Which of these children are covered by the MOST RECENT AGREEMENT?**

(Refer to the children listed in column 1C)

(For each child mentioned, mark the "Yes" box in column 1H/1J of the roster.)

**i. Which of these children are covered by any OTHER child support agreements, either written or verbal?**

(Refer to the children listed in column 1C. For each child mentioned, mark the "Yes" box in column 1I of the roster) (Please note that a child cannot have more than one "Yes" box marked.)

(SKIP to Check Item T14)

**j. Which (child/children) (is/are) covered by the agreement?**

(Refer to the children listed in column 1C)

(For each child mentioned, mark the "Yes" box in column 1H/1J of the roster.)

# Section 5 – TOPICAL MODULES (Continued)

## Part C – CHILD SUPPORT AGREEMENTS (Continued)

### CHECK ITEM T14

Refer to the roster.

Do any of the children listed in  
column 1C NOT HAVE "Yes" marked  
in column 1H/1J or 1K?

- 8440 1 ☐ Yes  
2 ☐ No – SKIP to 2a.

### 1k. Which of these children are NOT covered by ANY child support agreements?

(Refer to the children listed in column 1C.)

(For each child mentioned, mark the "Yes" box in column 1D/1K of the roster.)

(Please note that a child cannot have more than one "Yes" box marked.)

### 2a. The following questions refer to the MOST RECENT CHILD SUPPORT AGREEMENT.

(If names in item 1C marked "Yes" in column 1H/1J)

This is the agreement covering (Read names).

Was this agreement a voluntary written  
agreement ratified by the court, a  
court-ordered agreement, some other type of  
written agreement, or a non-written (verbal)  
agreement?

- 8441 1 ☐ Voluntary written agreement ratified by  
the court  
2 ☐ Court-ordered agreement  
3 ☐ Other type of written agreement – Specify         
4 ☐ Non-written (verbal) agreement – SKIP to  
3a, page 65

### b. In what year was this agreement FIRST reached?

8442 1 9

x1 ☐ DK

### c. What was the dollar amount of that agreement?

8443 \$ 00 Per week

8444 \$ 00 Biweekly

8445 \$ 00 Per month

8446 \$ 00 Per year

8447 x1 ☐ DK

### d. Has the dollar amount ever been changed?

- 8448 1 ☐ Yes  
2 ☐ No – SKIP to 2h

### e. In what year was the amount LAST changed?

8449 1 9

x1 ☐ DK

### f. What was the dollar amount for the agreement after the last change?

8450 \$ 00 Per week

8451 \$ 00 Biweekly

8452 \$ 00 Per month

8453 \$ 00 Per year

8454 x1 ☐ DK

### g. Was this change made or agreed to by a government agency such as a court or child support agency?

- 8455 1 ☐ Yes  
2 ☐ No

### h. Were any payments due in the last 12 months?

- 8456 1 ☐ Yes – SKIP to 2j  
2 ☐ No

### i. Why were no payments due in the last 12 months?

- 8457 1 ☐ Child(ren) over the age limit  
2 ☐ Other parent not working  
3 ☐ Other parent in jail or institution  
4 ☐ Payment suspended  
by court or agency  
5 ☐ Other – Specify        } SKIP to 2n

### j. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months (from the most recent agreement)?

8458 \$ 00

x1 ☐ DK

## Section 5 – TOPICAL MODULES (Continued)

### Part C – CHILD SUPPORT AGREEMENTS (Continued)

<b>2k. How are the payments supposed to be received? Are they received – (Read responses.)</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8459</div> <div> <input type="checkbox"/> Directly from the other parent?  <input type="checkbox"/> Through a court?  <input type="checkbox"/> Through the welfare or child support agency?  <input type="checkbox"/> Some other method – Specify <u>                    </u> </div> </div> <div style="margin-top: 10px;"> X1 <input type="checkbox"/> DK </div>
<b>l. What is the total amount that . . . actually received in child support payments under that agreement, during the past 12 months?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8460</div> <div> \$ <span style="border: 1px solid black; padding: 0 20px;"> </span> . <span style="border: 1px solid black; padding: 0 10px;">00</span> </div> </div> <div style="margin-top: 5px;"> X3 <input type="checkbox"/> None – SKIP to 2n  OR  X1 <input type="checkbox"/> DK </div>
<b>m. How regularly are child support payments received? Are they received – (Read responses)</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8461</div> <div> <input type="checkbox"/> All of the time  <input type="checkbox"/> Most of the time  <input type="checkbox"/> Some of the time  <input type="checkbox"/> None of the time </div> </div>
<b>n. Under the terms of the agreement with the other parent, is . . . due any back payments for child support owed prior to the last 12 months?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8462</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No – SKIP to 2p  X1 <input type="checkbox"/> DK </div> </div>
<b>o. Would you say the amount due . . . is – (Read responses)</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8463</div> <div> <input type="checkbox"/> Less than \$500  <input type="checkbox"/> Between \$500 and \$5,000  <input type="checkbox"/> More than \$5,000  X1 <input type="checkbox"/> DK </div> </div>
<b>p. What kinds of provisions for health care costs are included in the child support agreement? Mark (X) all that apply.</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8464</div> <div><input type="checkbox"/> Non-custodial parent to provide health insurance</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">8465</div> <div><input type="checkbox"/> Custodial parent to provide health insurance</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">8466</div> <div><input type="checkbox"/> Non-custodial parent to pay actual medical costs directly</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">8467</div> <div><input type="checkbox"/> Child support payments to include cash medical support</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">8468</div> <div><input type="checkbox"/> None</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">8469</div> <div><input type="checkbox"/> Other – Specify <u>                    </u></div> </div>
<b>q. What child custody arrangements does the most recent agreement specify?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8470</div> <div> <input type="checkbox"/> Joint legal and physical custody  <input type="checkbox"/> Joint legal with mother physical custody  <input type="checkbox"/> Joint legal with father physical custody  <input type="checkbox"/> Mother legal and physical custody  <input type="checkbox"/> Father legal and physical custody  <input type="checkbox"/> Split custody  <input type="checkbox"/> Other – Specify <u>                    </u> </div> </div>
<b>r. Does the child support agreement specify the visitation arrangement between the child(ren) and the other parent?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8471</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No </div> </div>
<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">CHECK ITEM T15</div> <div> Refer to the roster, column 1H/1J.  Is more than one child marked "Yes"? </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8472</div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No – SKIP to 2t </div> </div>
<b>2s. Did all the children visit the other parent about the same number of days in the last 12 months?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8473</div> <div> <input type="checkbox"/> Yes – ASK 2t for all children  <input type="checkbox"/> No – ASK 2t for oldest child </div> </div>
<b>t. What is the total amount of time (the child/all children/the oldest child) spent visiting the other parent in the last 12 months?</b>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8474</div> <div> <span style="border: 1px solid black; padding: 0 10px;"> </span> Days </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">8475</div> <div> <span style="border: 1px solid black; padding: 0 10px;"> </span> Weeks </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">8476</div> <div> <span style="border: 1px solid black; padding: 0 10px;"> </span> Months </div> </div> <div style="margin-top: 5px;"> X3 <input type="checkbox"/> None  X1 <input type="checkbox"/> DK </div>



## Section 5 – TOPICAL MODULES (Continued)

### Part C – CHILD SUPPORT AGREEMENTS (Continued)

<b>2u. Where does the other parent (for this agreement) now live?</b>	8479	<input type="checkbox"/> 1 Same county/city <input type="checkbox"/> 2 Same State (different county/ city) <input type="checkbox"/> 3 Different State <input type="checkbox"/> 4 Other parent now deceased – <i>SKIP to Check Item T17, page 67</i> <input type="checkbox"/> 5 Other – <i>Specify</i> _____  <input type="checkbox"/> 6 Unknown – <i>SKIP to Check Item T17, page 67</i>
<b>v. Do you and the other parent still live in the same State(s) where the initial child support agreement was reached?</b>	8480	<input type="checkbox"/> 1 Yes – <i>SKIP to Check Item T17, page 67</i> <input type="checkbox"/> 2 No
<b>w. Who moved?</b>	8481	<input type="checkbox"/> 1 Respondent <input type="checkbox"/> 2 Other parent <input type="checkbox"/> 3 Both respondent and other parent
} <i>SKIP to Check Item T17, page 67</i>		
<b>3a. Now I would like to ask a few questions specifically about this most recent, non-written, child support agreement or understanding. In what year was this (agreement/understanding) FIRST reached?</b>	8482	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> X1 DK         </div>
<b>b. What was the dollar amount of that (agreement/understanding)?</b>	8483	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;">\$</div> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">00</div> <div>Per week</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;">\$</div> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">00</div> <div>Biweekly</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;">\$</div> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">00</div> <div>Per month</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;">\$</div> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">00</div> <div>Per year</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> X1 DK         </div> </div>
<b>c. Has the dollar amount ever been changed?</b>	8488	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to 3f</i>
<b>d. In what year was the amount LAST changed?</b>	8489	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px;"></div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> X1 DK         </div>
<b>e. What was the dollar amount for the (agreement/understanding) after the last change?</b>	8490	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;">\$</div> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">00</div> <div>Per week</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;">\$</div> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">00</div> <div>Biweekly</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;">\$</div> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">00</div> <div>Per month</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;">\$</div> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">00</div> <div>Per year</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> X1 DK         </div> </div>
<b>f. Were any payments to be received in the last 12 months?</b>	8495	<input type="checkbox"/> 1 Yes – <i>SKIP to 3h</i> <input type="checkbox"/> 2 No
<b>g. Why were no payments due in the last 12 months?</b>	8496	<input type="checkbox"/> 1 Child(ren) too old <input type="checkbox"/> 2 Other parent not working <input type="checkbox"/> 3 Other parent in jail or institution <input type="checkbox"/> 4 Other – <i>Specify</i> _____
} <i>SKIP to 3k, page 66</i>		
<b>h. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months (from the most recent agreement/understanding)?</b>	8497	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;">\$</div> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">00</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> X1 DK         </div>
<b>i. What is the total amount that . . . actually received in child support payments under that (agreement/understanding) during the past 12 months?</b>	8498	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;">\$</div> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">00</div> <div>OR</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> X3 None – <i>SKIP to 3k, page 66</i>  <input type="checkbox"/> OR  <input type="checkbox"/> X1 DK         </div>

## Section 5 – TOPICAL MODULES (Continued)

### Part C – CHILD SUPPORT AGREEMENTS (Continued)

3j. How regularly are child support payments received? Are they received – (Read responses)

- 8499
- 1 ☐ All of the time
  - 2 ☐ Most of the time
  - 3 ☐ Some of the time
  - 4 ☐ None of the time

k. Under the terms of the (agreement/understanding) with the other parent, is . . . due any back payments for child support owed prior to the last 12 months?

- 8500
- 1 ☐ Yes
  - 2 ☐ No – SKIP to 3m
  - x1 ☐ DK

l. Would you say the amount due . . . is – (Read responses)

- 8501
- 1 ☐ Less than \$500
  - 2 ☐ Between \$500 and \$5,000
  - 3 ☐ More than \$5,000
  - x1 ☐ DK

m. What kinds of provisions for health care costs were agreed to?

Mark (X) all that apply.

- 8502
- 1 ☐ Non-custodial parent to provide health insurance
- 8503
- 2 ☐ Custodial parent to provide health insurance
- 8504
- 3 ☐ Non-custodial parent to pay actual medical costs directly
- 8505
- 4 ☐ Child support payments to include cash medical support
- 8506
- 5 ☐ None
- 8507
- 6 ☐ Other – Specify

n. What child custody arrangements does the (agreement/understanding) specify?

- 8508
- 1 ☐ Child(ren) live with mother
  - 2 ☐ Child(ren) live with father
  - 3 ☐ Child(ren) live with mother and with father
  - 4 ☐ None
  - 5 ☐ Other – Specify

o. Does the child support (agreement/understanding) cover the visitation arrangement between the child(ren) and the other parent?

- 8509
- 1 ☐ Yes
  - 2 ☐ No

**CHECK  
ITEM T16**

Refer to the roster, column 1H/1J.  
Is more than one child marked "Yes"?

- 8510
- 1 ☐ Yes
  - 2 ☐ No – SKIP to 3q

3p. Did all the children visit the other parent about the same number of days in the last 12 months?

- 8511
- 1 ☐ Yes – ASK 3q for all children
  - 2 ☐ No – ASK 3q for oldest child

q. What is the total amount of time (the child/all children/the oldest child) spent visiting the other parent in the last 12 months?

- 8512
- Days
- 8513
- Weeks
- 8514
- Months
- 8515
- x3 ☐ None
- 8516
- x1 ☐ DK

r. Why was this (agreement/understanding) never put in writing?

Mark (X) all that apply.

- 8517
- 1 ☐ Legal paternity not established
- 8518
- 2 ☐ Unable to locate parent
- 8519
- 3 ☐ Other parent unable to pay
- 8520
- 4 ☐ Final agreement pending
- 8521
- 5 ☐ Accepted property settlement in lieu of child support
- 8522
- 6 ☐ Do not want a legal child support award
- 8523
- 7 ☐ Did not pursue award
- 8524
- 8 ☐ Other – Specify

## Section 5 – TOPICAL MODULES (Continued)

### Part C – CHILD SUPPORT AGREEMENTS (Continued)

<b>3s. Where does the other parent (for this agreement/understanding) now live?</b>	8525	<input type="checkbox"/> 1 Same county/city <input type="checkbox"/> 2 Same State (different county/ city) <input type="checkbox"/> 3 Different State <input type="checkbox"/> 4 Other parent now deceased – <i>SKIP to Check item T17</i> <input type="checkbox"/> 5 Other – <i>Specify</i> _____  <input type="checkbox"/> 6 Unknown – <i>SKIP to Check Item T17</i>
<b>t. Do you and the other parent still live in the same State(s) where the initial child support agreement/understanding) was reached?</b>	8526	<input type="checkbox"/> 1 Yes – <i>SKIP to Check Item T17</i> <input type="checkbox"/> 2 No
<b>u. Who moved?</b>	8527	<input type="checkbox"/> 1 Respondent <input type="checkbox"/> 2 Other parent <input type="checkbox"/> 3 Both respondent and other parent
<b>CHECK ITEM T17</b>	8528	<i>Refer to the roster, column 1:</i> Were any other of . . . 's own children covered by another agreement? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to 5a</i>
<b>4a. Now I would like to ask a few questions about the other child support agreement(s) you had covering your children living here.</b>  <b>What is the total amount that . . . was supposed to have received in child support payments under this (these) agreement(s), during the last 12 months?</b>	8529	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin-right: 5px;">00</div> <div>Per week</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin-right: 5px;">00</div> <div>Biweekly</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin-right: 5px;">00</div> <div>Per month</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin-right: 5px;">00</div> <div>Per year</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> x1 DK  <input type="checkbox"/> x3 None         </div>
<b>b. What is the total amount that . . . actually received in child support payments under this agreement, during the last 12 months?</b>	8534	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center; margin-right: 5px;">00</div> <div>OR</div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> x3 None  OR  <input type="checkbox"/> x1 DK         </div>
<b>5a. For any of . . . 's children, has . . . ever asked a public agency (such as the child support enforcement office or welfare agency) for help in obtaining child support?</b>	8535	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to Check Item T18, page 68</i>
<b>b. In what year did . . . LAST ASK for help?</b>	8536	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">1</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;"></div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> x1 DK         </div>
<b>c. What type of help did . . . ask for (Last contact)?</b> <i>Mark (X) all that apply.</i>	8537	<input type="checkbox"/> 1 Locate the other parent <input type="checkbox"/> 2 Establish paternity/maternity <input type="checkbox"/> 3 Establish support obligation <input type="checkbox"/> 4 Establish medical support <input type="checkbox"/> 5 Enforce support order <input type="checkbox"/> 6 Modify an order <input type="checkbox"/> 7 Other – <i>Specify</i> _____
<b>d. Did . . . receive any help from the agency (Last contact)?</b>	8544	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to Check Item T18, page 68</i>
<b>e. What kind of help did . . . receive (Last contact)?</b> <i>Mark (X) all that apply.</i>	8545	<input type="checkbox"/> 1 Locate the other parent <input type="checkbox"/> 2 Establish paternity/maternity <input type="checkbox"/> 3 Establish support obligation <input type="checkbox"/> 4 Establish medical support <input type="checkbox"/> 5 Enforce support order <input type="checkbox"/> 6 Modify an order <input type="checkbox"/> 7 Other – <i>Specify</i> _____



# Section 5 - TOPICAL MODULES (Continued)

## Part C - CHILD SUPPORT AGREEMENTS (Continued)

### CHECK ITEM T18

Refer to the roster,  
columns 1C and 1D/1K.  
Are any children listed in  
1C of the roster marked  
"Yes" in 1D/1K?

- 8552 ☐ 1 Yes  
2 ☐ No - SKIP to 6h

6a. How many of your own children,  
living here, with a parent living  
elsewhere, do not have a child  
support award from an absent  
parent?

8553   Number

b. Do all of ...'s children without a  
child support award have the  
same absent parent?

- 8554 ☐ 1 Yes - ASK 6c, 6d, and 6e only for youngest child WITHOUT  
an award.  
2 ☐ No - ASK 6c, 6d, and 6e, for youngest child WITHOUT an  
award; and if more than two children, ask 6c, 6d, and 6e for  
oldest child WITHOUT an award.

6c. Why were child support  
payments not agreed to or  
awarded for ...'s (youngest)  
(oldest) child without an award?

Record person number of child  
Mark (X) all that apply.

#### YOUNGEST CHILD

#### OLDEST CHILD

8555    Person number

8556    Person number

8557 ☐ 1 Legal paternity not  
established

8558 ☐ 1 Legal paternity not  
established

8559 ☐ 1 Unable to locate parent

8560 ☐ 1 Unable to locate parent

8561 ☐ 2 Other parent unable to pay

8562 ☐ 2 Other parent unable to pay

8563 ☐ 3 Final agreement pending

8564 ☐ 3 Final agreement pending

8565 ☐ 4 Accepted property  
settlement in lieu of child  
support

8566 ☐ 4 Accepted property  
settlement in lieu of child  
support

8567 ☐ 5 Do not want child support

8568 ☐ 5 Do not want child support

8569 ☐ 6 Did not pursue award

8570 ☐ 6 Did not pursue award

8571 ☐ 7 Other - Specify

8572 ☐ 7 Other - Specify

d. Where does the other parent for  
this (youngest) (oldest) child now  
live?

- 8573 ☐ 1 Same county/city  
8575 ☐ 2 Same State (different  
county/city)  
8577 ☐ 3 Different State  
8579 ☐ 4 Other parent deceased -  
SKIP to 6f  
8581 ☐ 5 Other - Specify

- 8574 ☐ 1 Same county/city  
8576 ☐ 2 Same State (different  
county/city)  
8578 ☐ 3 Different State  
8580 ☐ 4 Other parent deceased -  
SKIP to 6f  
8582 ☐ 5 Other - Specify

x1 ☐ Unknown

x1 ☐ Unknown

e. What is the total amount of time  
the (youngest) (oldest) child  
spent visiting the other parent in  
the last 12 months?

8583   Days

8584   Days

8585   Weeks

8586   Weeks

8587   Months

8588   Months

8589 x3 ☐ None

8590 x3 ☐ None

8591 x1 ☐ DK

8592 x1 ☐ DK

f. Were any payments received  
from the other parent(s) in the  
last 12 months for any of ...'s  
children without a child support  
agreement?

- 8593 ☐ 1 Yes  
2 ☐ No - SKIP to 6h

g. What is the total amount that ...  
received from the other parent(s)  
in the past 12 months?

8594 \$   00

OR  
x1 ☐ DK

h. Were any non-cash items or  
services for child support  
received for any of ...'s  
children?

- 8595 ☐ 1 Yes - Specify   
2 ☐ No

## Section 5 – TOPICAL MODULES (Continued)

### Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS

<b>1. During the past 12 months, did . . . make any regular or lump-sum payments for the support of someone who did not live in . . . 's household?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8700</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to part E, page 71</i>
<b>2a. Did . . . make regular payments, lump-sum payments, or both?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8702</div> 1 <input type="checkbox"/> Regular 2 <input type="checkbox"/> Lump-sum 3 <input type="checkbox"/> Both
<b>b. Were any of these payments for the support of . . . 's child or children under 21 years of age?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8704</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } <i>SKIP to 5b, page 70</i>
<b>c. For how many children did . . . make support payments?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8706</div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></div> Children X1 <input type="checkbox"/> DK
<b>d. Were any of these payments the result of a court order or some other kind of agreement?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8708</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4d, page 70</i>
<b>3a. These next few questions relate to the most recent child support agreement for . . . 's children. How many children are covered by that agreement?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8710</div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"></div> Children X1 <input type="checkbox"/> DK
<b>b. Was this agreement a voluntary written agreement ratified by the court, a court-ordered agreement, some other type of written agreement, or a non-written (verbal) agreement?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8712</div> 1 <input type="checkbox"/> Voluntary written agreement ratified by the court 2 <input type="checkbox"/> Court-ordered agreement 3 <input type="checkbox"/> Other type of written agreement – <i>Specify</i> <u>                    </u> 4 <input type="checkbox"/> Non-written agreement
<b>c. In what year was this agreement FIRST reached?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8714</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"> <div style="border-right: 1px solid black; width: 20px; text-align: center;">1</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">9</div> <div style="width: 20px; text-align: center;"> </div> <div style="width: 20px; text-align: center;"> </div> </div> X1 <input type="checkbox"/> DK
<b>d. Has the dollar amount originally agreed to ever been changed?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8716</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } <i>SKIP to 3g</i>
<b>e. In what year was the amount last changed?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8718</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"> <div style="border-right: 1px solid black; width: 20px; text-align: center;">1</div> <div style="border-right: 1px solid black; width: 20px; text-align: center;">9</div> <div style="width: 20px; text-align: center;"> </div> <div style="width: 20px; text-align: center;"> </div> </div> X1 <input type="checkbox"/> DK
<b>f. Was this change made or agreed to by a court or child support agency?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8719</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>g. Is . . . still supposed to pay child support?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8720</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>h. How much did . . . pay in child support under this agreement during the past 12 months?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8722</div> <div style="display: inline-block; border: 1px solid black; padding: 2px;"> <div style="border-right: 1px solid black; width: 60px; text-align: center;">\$</div> <div style="border-right: 1px solid black; width: 30px; text-align: center;"> </div> <div style="width: 30px; text-align: center;">00</div> </div> X1 <input type="checkbox"/> DK
<b>i. Are these payments made – (Read responses.)</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8724</div> 1 <input type="checkbox"/> Through employment related wage withholding? 2 <input type="checkbox"/> Directly to the other parent? 3 <input type="checkbox"/> Directly to the court? 4 <input type="checkbox"/> Directly to a child support agency? 5 <input type="checkbox"/> Other – <i>Specify</i> <u>                    </u> X1 <input type="checkbox"/> DK
<b>j. What kinds of provisions for health care costs were included in the child support agreement? <i>Mark (X) all that apply.</i></b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8726</div> 1 <input type="checkbox"/> Non-custodial parent to provide health insurance <div style="border: 1px solid black; padding: 2px; display: inline-block;">8728</div> 2 <input type="checkbox"/> Custodial parent to provide health insurance <div style="border: 1px solid black; padding: 2px; display: inline-block;">8730</div> 3 <input type="checkbox"/> Non-custodial parent to pay medical costs directly <div style="border: 1px solid black; padding: 2px; display: inline-block;">8732</div> 4 <input type="checkbox"/> Child support payments to include cash medical support <div style="border: 1px solid black; padding: 2px; display: inline-block;">8734</div> 5 <input type="checkbox"/> Other – <i>Specify</i> <u>                    </u> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8736</div> X3 <input type="checkbox"/> None

## Section 5 – TOPICAL MODULES (Continued)

### Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS (Continued)

<b>4a.</b> (Other than the most recent support agreement discussed above), were any of . . . 's other children outside of this household under age 21 covered by any other child support agreement?	8738	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4c</i>																
<b>b.</b> How much did . . . pay in child support for this/these agreement(s) during the past 12 months?	8740	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK																
<b>c.</b> Were any child support payments made without a child support agreement for . . . 's children under age 21 during the past 12 months?	8742	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>																
<b>d.</b> How much did . . . pay for child support under this arrangement during the past 12 months?	8744	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK																
<b>5a.</b> During the past 12 months, did . . . make regular or lump sum payments for the support of any other person not living in . . . 's household?	8746	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to part E</i>																
<b>b.</b> For how many (other) persons did . . . make support payments?	8748	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Persons x1 <input type="checkbox"/> DK																
<b>c.</b> How is this person related to . . . ?	8750	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">FIRST PERSON</th> <th style="width: 50%;">SECOND PERSON</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/> Parent</td> <td>1 <input type="checkbox"/> Parent</td> </tr> <tr> <td>2 <input type="checkbox"/> Spouse</td> <td>2 <input type="checkbox"/> Spouse</td> </tr> <tr> <td>3 <input type="checkbox"/> Ex-spouse</td> <td>3 <input type="checkbox"/> Ex-spouse</td> </tr> <tr> <td>4 <input type="checkbox"/> Child under 21</td> <td>4 <input type="checkbox"/> Child under 21</td> </tr> <tr> <td>5 <input type="checkbox"/> Child 21 or older</td> <td>5 <input type="checkbox"/> Child 21 or older</td> </tr> <tr> <td>6 <input type="checkbox"/> Other relative</td> <td>6 <input type="checkbox"/> Other relative</td> </tr> <tr> <td>7 <input type="checkbox"/> Not related</td> <td>7 <input type="checkbox"/> Not related</td> </tr> </tbody> </table>	FIRST PERSON	SECOND PERSON	1 <input type="checkbox"/> Parent	1 <input type="checkbox"/> Parent	2 <input type="checkbox"/> Spouse	2 <input type="checkbox"/> Spouse	3 <input type="checkbox"/> Ex-spouse	3 <input type="checkbox"/> Ex-spouse	4 <input type="checkbox"/> Child under 21	4 <input type="checkbox"/> Child under 21	5 <input type="checkbox"/> Child 21 or older	5 <input type="checkbox"/> Child 21 or older	6 <input type="checkbox"/> Other relative	6 <input type="checkbox"/> Other relative	7 <input type="checkbox"/> Not related	7 <input type="checkbox"/> Not related
FIRST PERSON	SECOND PERSON																	
1 <input type="checkbox"/> Parent	1 <input type="checkbox"/> Parent																	
2 <input type="checkbox"/> Spouse	2 <input type="checkbox"/> Spouse																	
3 <input type="checkbox"/> Ex-spouse	3 <input type="checkbox"/> Ex-spouse																	
4 <input type="checkbox"/> Child under 21	4 <input type="checkbox"/> Child under 21																	
5 <input type="checkbox"/> Child 21 or older	5 <input type="checkbox"/> Child 21 or older																	
6 <input type="checkbox"/> Other relative	6 <input type="checkbox"/> Other relative																	
7 <input type="checkbox"/> Not related	7 <input type="checkbox"/> Not related																	
<b>d.</b> Where was this person most often living during the past 12 months? Was it in a private home or apartment, a nursing home, or someplace else?	8754	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>1 <input type="checkbox"/> Private home or apartment</td> <td>1 <input type="checkbox"/> Private home or apartment</td> </tr> <tr> <td>2 <input type="checkbox"/> Nursing home</td> <td>2 <input type="checkbox"/> Nursing home</td> </tr> <tr> <td>3 <input type="checkbox"/> Someplace else</td> <td>3 <input type="checkbox"/> Someplace else</td> </tr> </tbody> </table>	1 <input type="checkbox"/> Private home or apartment	1 <input type="checkbox"/> Private home or apartment	2 <input type="checkbox"/> Nursing home	2 <input type="checkbox"/> Nursing home	3 <input type="checkbox"/> Someplace else	3 <input type="checkbox"/> Someplace else										
1 <input type="checkbox"/> Private home or apartment	1 <input type="checkbox"/> Private home or apartment																	
2 <input type="checkbox"/> Nursing home	2 <input type="checkbox"/> Nursing home																	
3 <input type="checkbox"/> Someplace else	3 <input type="checkbox"/> Someplace else																	
<b>e.</b> How much did . . . pay for the support of this person during the past 12 months?	8758	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%;">                     \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00                      x1 <input type="checkbox"/> DK                 </td> <td style="width: 50%;">                     \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00                      x1 <input type="checkbox"/> DK                 </td> </tr> </tbody> </table>	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK														
\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK																	
<b>CHECK ITEM T19</b> Is the entry in 5b "03" or more?	8762	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to part E</i>																
<b>6.</b> How much did . . . pay during the past 12 months for the support of the other persons that we have not talked about already?	8764	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK																

NOTES



Section 5 – TOPICAL MODULES (Continued)	
Part E – FUNCTIONAL LIMITATIONS AND DISABILITY	
1. These next few questions are about ...'s health. Would you say ...'s health in general is excellent, very good, good, fair, or poor?	8800 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor
<i>Mark by observation if apparent.</i>	
2. Does ... use any of the following aids to get around?	
a. A cane, crutches, or a walker	8802 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. A wheelchair	8804 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>CHECK ITEM T20</b> Is "Yes" marked in 2a or 2b above?	8806 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4a
3. Has ... used (Aid mentioned in 2a or 2b above) for six months or longer?	8808 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4a. Does ... have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses if ... usually wears them?	8810 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – SKIP to 5a
b. Is ... able to see the words and letters in ordinary newsprint at all?	8812 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
5a. Does ... have any difficulty hearing what is said in a normal conversation with another person (using a hearing aid if ... usually wears one)?	8814 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – SKIP to 6a
b. Is ... able to hear what is said in a normal conversation at all?	8816 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6a. Because of a health condition or problem, does ... have any difficulty having his/her speech understood?	8818 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – SKIP to 7a
b. Is ... able to have his/her speech understood at all?	8820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7a. Does ... have any difficulty lifting and carrying something as heavy as 10 lbs., such as a full bag of groceries?	8822 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – SKIP to 8a
b. Is ... able to lift and carry this much weight at all?	8824 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8a. Does ... have any difficulty climbing a flight of stairs without resting?	8826 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – SKIP to 9a
b. Is ... able to climb a flight of stairs without resting at all?	8828 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9a. Does ... have any difficulty walking a quarter of a mile – about 3 city blocks?	8830 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – SKIP to 10a
b. Is ... able to walk a quarter of a mile at all?	8832 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
10a. Does ... have any difficulty using the telephone?	8834 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – SKIP to 11a, page 72
b. Is ... able to use the telephone at all?	8836 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

## Section 5 – TOPICAL MODULES (Continued)

### Part E – FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

<b>11a. Because of a physical or mental health condition, does . . . have difficulty doing any of the following by himself/herself (exclude the effects of temporary conditions)? If an aid is used, ask whether the person has difficulty even when using the aid.</b>		<b>11b. Does . . . need the help of another person with (Name of activity)?</b>  <i>Mark "Yes" if person sometimes needs help or usually needs help.</i>	
FIELD REPRESENTATIVE INSTRUCTION <span style="font-size: 2em; vertical-align: middle;">▶</span> Repeat lead-in as necessary.			
<b>(1) Getting around INSIDE the home?</b>	8838 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8839 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>(2) Going OUTSIDE the home, for example to shop or visit a doctor's office?</b>	8840 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8841 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>(3) Getting in and out of bed or a chair?</b>	8842 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8843 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>(4) Taking a bath or shower?</b>	8844 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8845 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>(5) Dressing?</b>	8846 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8847 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>(6) Walking?</b>	8848 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8849 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>(7) Eating?</b>	8850 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8851 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>(8) Using the toilet, including getting to the toilet?</b>	8852 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8853 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>(9) Keeping track of money and bills?</b>	8854 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8855 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>(10) Preparing meals?</b>	8856 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8857 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>(11) Doing light housework, such as washing dishes or sweeping a floor?</b>	8858 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8859 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
<b>CHECK ITEM T21</b>	Is "Yes" marked in item 11b for any of the activities listed above?	8860 1 <input type="checkbox"/> Yes – Go to 12a 2 <input type="checkbox"/> No – SKIP to Check Item T22	

NOTES

Section 5 – TOPICAL MODULES (Continued)			
Part E – FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)			
<b>12a. You have said that . . . needs the help of another person with one or more activities. Who helps . . . with these activities?</b>  <b>Anyone else?</b>	FIRST HELPER		SECOND HELPER
	RELATIVE		RELATIVE
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8876</div> <div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> 1 Son  <input type="checkbox"/> 2 Daughter  <input type="checkbox"/> 3 Spouse  <input type="checkbox"/> 4 Parent  <input type="checkbox"/> 5 Other relative         </div> <div style="margin-top: 10px;">NONRELATIVE</div> <div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> 6 Friend or neighbor  <input type="checkbox"/> 7 Paid help  <input type="checkbox"/> 8 Other nonrelative  <input type="checkbox"/> 9 Did not receive help – <i>SKIP to 13</i> </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8878</div> <div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> 1 Son  <input type="checkbox"/> 2 Daughter  <input type="checkbox"/> 3 Spouse  <input type="checkbox"/> 4 Parent  <input type="checkbox"/> 5 Other relative         </div> <div style="margin-top: 10px;">NONRELATIVE</div> <div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> 6 Friend or neighbor  <input type="checkbox"/> 7 Paid help  <input type="checkbox"/> 8 Other nonrelative         </div>	
FIRST HELPER		SECOND HELPER	
<b>ASK OR VERIFY –</b> <b>b. Is (Person mentioned above) a household member?</b>	RELATIVE		RELATIVE
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8880</div> <div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> 1 Yes             Person number  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8883</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8885</div> <div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> 2 No         </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8882</div> <div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> 1 Yes             Person number  <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8884</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8886</div> <div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> 2 No         </div>	
	RELATIVE		RELATIVE
<b>c. For how long has . . . needed the help of another person?</b>	RELATIVE		RELATIVE
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8887</div> <div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> 1 Less than 6 months  <input type="checkbox"/> 2 6 to 11 months  <input type="checkbox"/> 3 1 to 2 years  <input type="checkbox"/> 4 3 to 5 years  <input type="checkbox"/> 5 More than 5 years         </div>		
	RELATIVE		RELATIVE
<b>ASK OR VERIFY –</b> <b>d. During the past month did . . . (or . . . 's) family pay for any of the help that . . . received?</b>	RELATIVE		RELATIVE
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8888</div> <div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> 1 Yes  <input type="checkbox"/> 2 No  <input checked="" type="checkbox"/> 1 DK } <i>SKIP to 13</i> </div>		
	RELATIVE		RELATIVE
<b>e. How much was paid for such help in (Read last month)?</b>	RELATIVE		RELATIVE
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8889</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 5px; text-align: center;">00</div> </div> <div style="margin-top: 5px;">x1 <input type="checkbox"/> DK</div>		
	RELATIVE		RELATIVE
<b>13. I have recorded that . . . has difficulty with certain activities. Which condition or conditions on this card cause this difficulty? Any other?</b>	RELATIVE		
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8892</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 5px;"></div> <div style="margin: 0 5px;">First condition</div> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8894</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 5px;"></div> <div style="margin: 0 5px;">Second condition</div> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8896</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 5px;"></div> <div style="margin: 0 5px;">Third condition</div> </div>		
	RELATIVE		
<b>14. Which of the conditions do you consider to be the main reason for . . . 's difficulty?</b>	RELATIVE		
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8898</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 5px;"></div> <div style="margin: 0 5px;">Main condition</div> </div>		
	RELATIVE		
<b>15. Does . . . have –</b>  <b>a. A learning disability such as dyslexia?</b>  <b>b. Mental retardation?</b>  <b>c. A developmental disability such as autism or cerebral palsy?</b>  <b>d. Alzheimer's disease, senility, or dementia?</b>  <b>e. Any other mental or emotional conditions?</b>	RELATIVE		
	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8902</div> <div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> 1 Yes  <input type="checkbox"/> 2 No         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8904</div> <div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> 1 Yes  <input type="checkbox"/> 2 No         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8906</div> <div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> 1 Yes  <input type="checkbox"/> 2 No         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8908</div> <div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> 1 Yes  <input type="checkbox"/> 2 No         </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8910</div> <div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> 1 Yes  <input type="checkbox"/> 2 No         </div>		



## Section 5 – TOPICAL MODULES (Continued)

### Part E – FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

<b>CHECK ITEM T24</b>	Refer to cc item 24. What is . . . age?	8912	<input type="checkbox"/> 15 years old – SKIP to Check Item T30 <input type="checkbox"/> 16 to 67 years old <input type="checkbox"/> 68 years old or older – SKIP to 18a												
<b>CHECK ITEM T25</b>	Refer to cc item 47. Is "Disabled" (code 171) marked on the Control Card for . . . ?	8914	<input type="checkbox"/> 1 Yes – SKIP to 16 <input type="checkbox"/> 2 No												
<b>CHECK ITEM T26</b>	Is "Disabled" (code 171) marked on the ISS for . . . ?	8916	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to 17a												
<b>16.</b>	We have recorded that . . . 's health or condition limits the kind or amount of work . . . can do. Is that correct?	8918	<input type="checkbox"/> 1 Yes – SKIP to Check Item T27 <input type="checkbox"/> 2 No – SKIP to 18a												
<b>17a.</b>	Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?	8920	<input type="checkbox"/> 1 Yes – Mark "171" on ISS <input type="checkbox"/> 2 No – SKIP to 18a												
<b>CHECK ITEM T27</b>	Is "Worked" (code 170) marked on the ISS?	8922	<input type="checkbox"/> 1 Yes – SKIP to 18a <input type="checkbox"/> 2 No												
<b>17b.</b>	Does . . . 's health or condition prevent . . . from working at a job or business?	8924	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No												
<b>18a.</b>	Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do around the house?	8926	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to Check Item T28												
<b>b.</b>	Does . . . 's health or condition completely prevent . . . from doing work around the house?	8928	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No												
<b>CHECK ITEM T28</b>	Is "Yes" marked in 16, 17a, or 18a?	8930	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to Check Item T30												
<b>19.</b>	(SHOW FLASHCARD AA) I have marked that . . . is limited in working at a job or around the house – Which condition or conditions on this card are the cause of this limitation? Any other condition?	8932	<input type="checkbox"/> First condition												
		8934	<input type="checkbox"/> Second condition												
		8936	<input type="checkbox"/> Third condition												
<b>CHECK ITEM T29</b>	Are two or more conditions entered in item 19?	8938	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to Check Item T30												
<b>20.</b>	Which of the conditions do you consider the main reason for the limitation?	8940	<input type="checkbox"/> Main condition												
<b>CHECK ITEM T30</b>	Refer to cc items 24 and 27. Is . . . the designated parent or guardian of children under the age of 22 who live in this household?	8941	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to 28a												
<b>CHECK ITEM T31</b>	Refer to cc items 24 and 27. Is . . . the designated parent or guardian of children under the age of 6 who live in this household?	8942	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to Check Item T32												
<b>21a.</b>	Because of a physical, learning, or mental health condition, do any of . . . 's children under 6 years of age have any limitations at all in the usual kind of activities done by most children their age?	8944	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to 22a												
<b>b.</b>	Which children have activity limitations?		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 20%;">Person No.</th> <th style="width: 70%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">8946</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td style="text-align: center;">8948</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td style="text-align: center;">8950</td> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Person No.	Name	8946	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	8948	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	8950	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	Person No.	Name													
8946	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>													
8948	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>													
8950	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>													
NOTES															

## Section 5 – TOPICAL MODULES (Continued)

### Part E – FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

<b>22a. Have any of . . . 's children under the age of 6 received therapy or diagnostic services designed to meet their developmental needs?</b>	8952	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item T32
<b>b. Which children have received these services?</b>	Person No.	Name
	8954	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
	8956	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
	8958	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
<b>CHECK ITEM T32</b> Refer to cc item 24, 25, and 27. Is . . . the designated parent or guardian of children between the ages of 6 and 21 who live in this household?	8960	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item T33
<b>23a. Because of a physical, learning, or mental health condition, do any of . . . 's children between the ages of 6 and 21 have limitations in their ability to do regular school work?</b>	8962	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 24a
<b>b. Which children have difficulty doing regular school work?</b>	Person No.	Name
	8964	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
	8966	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
	8968	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
<b>24a. Have any of . . . 's children between the ages of 6 and 21 ever received any special education services?</b>	8970	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item T33
<b>b. Which children have received special education services?</b>	Person No.	Name
	8972	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
	8974	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
	8976	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
<b>25a. Are any of . . . 's children between the ages of 6 and 21 currently receiving special education services?</b>	8978	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item T33
<b>b. Which children are currently receiving special education services?</b>	Person No.	Name
	8980	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
	8982	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
	8984	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
<b>CHECK ITEM T33</b> Refer to cc item 24 and 27. Is . . . the designated parent or guardian of children between the ages of 3 and 14 who live in this household?	8986	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item T34
<b>26a. Do any of . . . 's children between the ages of 3 and 14 have a long lasting condition that limits their ability to walk, run, or use stairs?</b>	8988	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item T34
<b>b. Which children have difficulty with these activities?</b>	Person No.	Name
	8990	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
	8992	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
	8994	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
<b>CHECK ITEM T34</b> Are any person numbers recorded in items 21b through 26b?	8996	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 28a, page 76

# Section 5 - TOPICAL MODULES (Continued)

## Part E - FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

(SHOW FLASHCARD BB)

27. I have recorded that (Read names of children identified in items 21b-26b) have difficulty(ies) with certain activities?

Which condition or conditions on this card are responsible for these difficulties?

Any other?

### FIRST CHILD

Person No. Name

8998

9000

First condition

9002

Second condition

9004

Third condition

### SECOND CHILD

Person No. Name

9006

9008

First condition

9010

Second condition

9012

Third condition

### THIRD CHILD

Person No. Name

9014

9016

First condition

9018

Second condition

9020

Third condition

28a. In the last 12 months, has . . . applied for Social Security disability or SSI benefits for him/herself?

9022

1 ☐ Yes

2 ☐ No - SKIP to part F

b. Is . . . receiving Social Security disability or SSI benefits?

9024

1 ☐ Yes

2 ☐ No - SKIP to Part F

c. In which of the past 12 months did . . . first receive Social Security disability or SSI benefits?

9026

Month

x1 ☐ DK

NOTES



## Section 5 – TOPICAL MODULES (Continued)

### Part F – UTILIZATION OF HEALTH CARE SERVICES

<b>1a. During the past 12 months, was . . . a patient in a hospital overnight or longer?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9100</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3</i>
<b>b. How many different times did . . . stay in a hospital overnight or longer during the past 12 months?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9102</div> <div style="display: inline-block; width: 40px; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> Times X1 <input type="checkbox"/> DK
<b>c. What was the reason for . . . 's last hospital stay?</b> <i>Mark (X) all that apply.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9104</div> 1 <input type="checkbox"/> Child birth <div style="border: 1px solid black; padding: 2px; display: inline-block;">9106</div> 2 <input type="checkbox"/> Surgery or operation (including bone setting or getting stitches) <div style="border: 1px solid black; padding: 2px; display: inline-block;">9108</div> 3 <input type="checkbox"/> Other medical <div style="border: 1px solid black; padding: 2px; display: inline-block;">9110</div> 4 <input type="checkbox"/> Mental or emotional problem or disorder <div style="border: 1px solid black; padding: 2px; display: inline-block;">9112</div> 5 <input type="checkbox"/> Drug or alcohol abuse problem or disorder
<b>d. Was . . . a patient in a VA or military hospital during (this visit/any of these visits)?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9114</div> 1 <input type="checkbox"/> Yes, military 2 <input type="checkbox"/> Yes, VA 3 <input type="checkbox"/> Yes, both military and VA 4 <input type="checkbox"/> No
<b>2a. Was . . . a patient in a psychiatric hospital or a psychiatric unit of a hospital during (this visit/any of these visits)?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9116</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>b. How many nights in all did . . . spend in a hospital of any type during the past 12 months?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9118</div> <div style="display: inline-block; width: 60px; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> Nights X1 <input type="checkbox"/> DK
<b>c. How many of these nights were in the past 4 months?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9120</div> X5 <input type="checkbox"/> All nights OR <div style="display: inline-block; width: 60px; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> Nights OR X1 <input type="checkbox"/> DK X3 <input type="checkbox"/> None
<b>3. During the past 4 months, about how many days did illness or injury keep . . . in bed more than half of the day? (Include days while an overnight patient in a hospital.)</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9122</div> X5 <input type="checkbox"/> All days OR <div style="display: inline-block; width: 60px; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> Days OR X1 <input type="checkbox"/> DK X3 <input type="checkbox"/> None
<b>4a. During the past 12 months, how many times did . . . see or talk to a medical doctor or assistant? (Do not count occurrences while an overnight patient in a hospital.)</b> <i>(Do not count occurrences where the contact was not concerning a health problem of . . . 's)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9124</div> <div style="display: inline-block; width: 40px; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> Times OR X1 <input type="checkbox"/> DK X3 <input type="checkbox"/> None – <i>SKIP to 5a, page 78</i>
<b>b. How many of these visits or calls were in the past 4 months?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9126</div> <div style="display: inline-block; width: 40px; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> Times OR X1 <input type="checkbox"/> DK X3 <input type="checkbox"/> None
NOTES	

## Section 5 – TOPICAL MODULES (Continued)

### Part F – UTILIZATION OF HEALTH CARE SERVICES (Continued)

**5a. During the past 12 months, how many visits did . . . make to a dentist?**

*Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.*

9127   Times

OR

X1 ☐ DK

X3 ☐ None – SKIP to 6a

**b. How many of these visits were in the past 4 months?**

9128   Times

OR

X1 ☐ DK

X3 ☐ None

**6a. Is there a particular clinic, health center, doctor's office, or some other place where . . . usually goes if . . . is sick or needs advice about . . . 's health?**

- 9129 1 ☐ Yes  
2 ☐ No – SKIP to Check Item T35

**b. To what kind of place does . . . usually go?**

*Mark (X) only one.*

- 9130 1 ☐ Doctor's office (or HMO)  
2 ☐ VA hospital  
3 ☐ Military hospital  
4 ☐ Hospital outpatient clinic (not VA or military)  
5 ☐ Hospital emergency room  
6 ☐ Company or industry clinic  
7 ☐ Health center (neighborhood health center or free or low-cost clinic)  
8 ☐ Psychiatric clinic  
9 ☐ Psychiatric hospital  
10 ☐ Private practice psychiatrist or other mental health professional  
11 ☐ Other – Specify

**CHECK  
ITEM T35**

*Refer to item 27a, page 10*

Was . . . covered by a health insurance plan at any time during the past 4 months?

- 9132 1 ☐ Yes  
2 ☐ No – SKIP to Check Item T37

**CHECK  
ITEM T36**

*Refer to item 27b, page 10*

Was . . . covered by a health insurance plan during the entire 4 month period?

- 9133 1 ☐ Yes – SKIP to Check Item C1  
2 ☐ No

**CHECK  
ITEM T37**

Is "Medicare" (code 172) or "Medicaid" (code 173) marked on the ISS?

- 9134 1 ☐ Yes – SKIP to Check Item C1  
2 ☐ No

**7. I have recorded that . . . was not covered by a health insurance plan at some time during the past 4 months. Is that correct?**

- 9136 1 ☐ Correct  
2 ☐ Incorrect – covered by some other plan – Skip to Check Item C1

*(SHOW FLASHCARD JJ)*

**8. Which answer on this card best describes why . . . was not covered by health insurance at some time during the past 4 months?**

*Mark (X) only one.*

- 9138 1 ☐ Job layoff, job loss, or any reasons related to unemployment  
2 ☐ Employer does not offer health insurance  
3 ☐ Can't obtain health insurance because of poor health, illness, or age  
4 ☐ Too expensive; can't afford health insurance  
5 ☐ Don't believe in health insurance  
6 ☐ Have been healthy; not much sickness in the family; haven't needed health insurance  
7 ☐ Able to go to VA or military hospital for medical care  
8 ☐ Covered by some other health plan  
9 ☐ Other – Specify

CALLBACK SUMMARY

NOTES